

**Iowa Department of Education
Supplemental Education Services Reporting Form
For
Providers**

I. Supplemental Service Provider Information

*Please make copies of this form and complete a separate survey for each district with which you have a contract to serve students during the current school year. If your program did not provide services to any Iowa schools, please check item Ia.

School Year: _____

Provider Name: _____

Contact Person: _____

Address: _____

Telephone: _____

E-mail: _____

District Served: _____

Schools Served in that District: _____

Ia.____ Our program did not provide services to any Iowa schools during the _____ school year.

II. District Information

A. In this district how many students did you serve for the current school year? _____

B. How many of these students were Limited English Proficient (LEP)? _____

C. How many of these students were students with IEPs? _____

- D. List the grade level(s) of all students served by your programs in this district. _____

III. Achievement Data

- A. For the students you served in Reading/Language Arts in this district what are the percentages of students who demonstrated progress?

Grade Level	% of Students Who Made Progress	% of Students Who Showed No Improvement

- B. For the students you served in Mathematics in this district what are the percentages of students who demonstrated progress?

Grade Level	% of Students Who Made Progress	% of Students Who Showed No Improvement

- C. Indicate the curriculum materials used by your program to deliver supplemental services in this district. Check all that apply.

Source of Curriculum Materials	Check One	Description of Materials
Provider	<input type="checkbox"/> Selected <input type="checkbox"/> Developed	
District	<input type="checkbox"/> Selected <input type="checkbox"/> Developed	
Teacher	<input type="checkbox"/> Selected <input type="checkbox"/> Developed	
Other	<input type="checkbox"/> Selected <input type="checkbox"/> Developed	

D. What achievement data did your program use to measure and report on students' progress? Please be specific.

Type of Data	Use	Name of Data Used
ITBS/ITED	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Teacher/District Input	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Provider pretest	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Individual Student Educational Plans (IEPS)	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Local academic achievement data furnished by school or district	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Other	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	

IV. Planning

- A. What planning and student achievement data did your program use to ensure that your services directly targeted students' academic needs?
Check all that apply. Please be specific.

Type of Data	Use	Name of Data Used
ITBS/ITED	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Teacher/District Input	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Provider pretest	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Individual Student Educational Plans (IEPS)	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Local academic achievement data furnished by school or district	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	
Other	<input type="checkbox"/> Used <input type="checkbox"/> Did Not Use	

- V. What were the most challenging issues for your organization in this year of program implementation with this district? _____

- VI. What were the most rewarding/helpful aspects of your implementation of services in this district? _____

VII. What suggestions/recommendations/concerns do you have for the Iowa Department of Education regarding the process of providing Supplemental Education Services in Iowa?

Please provide each district a copy of the completed report form and send a copy to:

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6/28/05